

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/831613

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4		(S)					54						
5		(S)					55						
6		(S)					56						
7		(S)					57						
8		(S)					58						
9		(S)					59						
10		(S)					60						
11		(S)					61						
12		(S)					62						
13		(S)					63						
14							64						
15							65						
16		(S)					66						
17		(S)					67						
18		(S)					68						
19		(S)					69						
20		(S)					70						
21		(S)					71						
22		(S)					72						
23		(S)					73						
24		(S)					74						
25		(S)					75						
26		(S)					76						
27		(S)					77						
28		(S)					78						
29							79						
30							80						
31		(S)					81						
32		(S)					82						
33		(S)					83						
34		(S)					84						
35		(S)					85						
36		(S)					86						
37							87						
38		(S)					88						
39		(S)					89						
40		(S)					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	4						TOTAL IND.						
TOTAL	36						TOTAL DEP.						
TOTAL	40						TOTAL CLAIMS						